
North Coast Regional Water Quality Control Board

Attachment E: Enrollment Templates

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North Coast Regional Water Quality Control Board

VINEYARD ORDER NOTICE OF INTENT

To obtain regulatory coverage and comply with Waste Discharge Requirements General Order for discharges from Commercial Vineyards within the North Coast Region, Order R1-2023-XXXX.

You must complete the entire form. Please send the completed, signed form to the North Coast Regional Water Quality Control Board (Regional Board). Instructions for filling out and sending this form start on page 4.

Enrollment Type

- I am enrolling in the Vineyard Order individually.** By checking this box, I acknowledge that I must fulfill all Monitoring and Reporting requirements in Attachment A: MRP for Dischargers Enrolled Individually.
- I am enrolling in the Vineyard Order through an approved Third-Party Group.** By checking this box, I acknowledge that I must fulfill all Monitoring and Reporting requirements in Attachment B: MRP for Dischargers Enrolled in a Third-Party Group.

Name of Third-Party Group: _____

1. Owner Information

1a. Landowner First Name:	1b. Landowner Last Name:
1c. Landowner Phone Number:	1d. Landowner Email:
1e. Landowner Mailing Address:	
1f. Have you received a Directive Letter or an Order* from the Water Board? Yes No *A Directive Letter or Order is a letter that identifies your requirements to seek regulatory coverage under the Vineyard Order.	
1f. Is the landowner also the operator of the commercial vineyard? Yes No (If you checked Yes, skip Operator Information 2a through 2d)	

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Commercial Vineyard General Order
 Notice of Intent

2. Operator Information

2a. Operator First Name:	2b. Operator Last Name:
2c. Operator Phone Number:	2d. Operator Email:
2e. Operator Mailing Address:	

Commercial Vineyard Information

Name of Operation (DBA) if applicable: _____

3. Parcel Information

Please list parcels for which you would like to obtain regulatory coverage (*attach additional sheets as necessary*).

Assessor's Parcel Number (APN)	County	APN Acres	Farmed Acres

4. Map of Operation

Attach a map of the commercial vineyard that shows Field ID(s); streamflow diversion structures; agricultural drainage structures; farm buildings and equipment yards; nutrient or pesticide handling and mixing sites; storage facilities, and/or staging areas; and appurtenant agricultural roads.

Owner Notification and Certification

If the facility is currently leased or operated by someone other than the owner, this section must be signed by the operator.

Commercial Vineyard General Order
Notice of Intent

I certify that the owner of the parcel(s) I am enrolling has been notified of these General Waste Discharger Requirements and that I have been designated by the owner as the "Discharger".

Operator's Printed Name: _____

Signature: _____

Title: _____ Date: _____

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the Order, including the implementation of the Monitoring and Reporting Program, will be complied with."

Discharger Printed Name*: _____

Discharger Signature: _____ Date: _____

Submittal of NOI Form

1. Fees

[Irrigated Lands Fee information can be found at:](https://www.waterboards.ca.gov/water_issues/programs/agriculture/)

https://www.waterboards.ca.gov/water_issues/programs/agriculture/

2. Submittal

This NOI must be completed for existing commercial vineyards and submitted to the Regional Water Board no later than **July 1, 2025**, or, prior to enrollment by new, expanding, or reoperating previously inactive commercial vineyards. Please submit this completed NOI form and appropriate enrollment fee (when applicable) to:

North Coast Regional Water Quality Control Board
ATTN: Vineyard Order
5550 Skylane Blvd., Suite A
Santa Rosa, CA 95401

Email: NorthCoast@waterboards.ca.gov



North Coast Regional Water Quality Control Board

VINEYARD ORDER REQUEST FOR TERMINATION

Request to Terminate Coverage of Commercial Vineyard under General Waste Discharge Requirements for Commercial Vineyards Order R1-2023-XXXX

Submission of this form constitutes an official notification to the North Coast Regional Water Quality Control Board (Regional Board) that the commercial vineyard identified below, and all associated APNs, has elected to terminate coverage under the Vineyard Order. To officially terminate your enrollment, this form must be completed, physically signed by the individual Operator and/or Operator (herein 'Responsible Party') listed on the operation eNOI and received by the Regional Board.

By submitting this Notice of Termination form, ALL parcels enrolled in the Vineyard Order will be terminated.

Owner/Operator Information

1. Complete this section if currently enrolled in a Third-Party Group:

Responsible Party:	
Member ID (if enrolled through Third-Party Group):	
Phone Number:	
Email:	
Business Mailing Address:	

2. Complete this section if currently enrolled Individually:

Responsible Party:	
WDID:	
Phone Number:	
Email:	
Business Mailing Address:	

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Commercial Vineyard General Order
Request for Termination

Reason for Termination

No longer farming commercially as of (month, day, year): ___/___/_____

Change in ownership as of (month, day, year): ___/___/_____

Have you notified the new owner of their requirement to send a Notice of Intent to the Regional Board? _____ Yes _____ No

Change in Operator as of (month, day, year): ___/___/_____

Have you notified the new operator of their requirement to send a Notice of Intent to the Regional Board? _____ Yes _____ No

Certification

I certify under penalty of law that the submitted information is to the best of my knowledge true, accurate, and complete.

Responsible Party Signature: _____

Printed Name: _____ Date: _____

Submitting Form

Please send this form by mail to:

North Coast Regional Water Quality Control Board

Attn: Vineyard Order

5550 Skylane Boulevard. Suite A

Santa Rosa CA, 95403

Or you may send by email to: NorthCoast@waterboards.ca.gov

North Coast Regional Water Quality Control Board

INSTRUCTIONS REPORTING FOR DRINKING WATER WELL INFORMATION FORM

*Note: Fields with an asterisk are the minimum data required for GeoTracker entry. The [GeoTracker link and instructions](#) can be found online at: https://www.waterboards.ca.gov/ust/electronic_submittal/.

Discharger Information

- 1a. Discharger Name*: Name of person who is enrolled in the Vineyard Order.
- 1b. Discharger Email*: Valid email address for Discharger.
- 1c. Discharger Phone*: Provide working phone number for Discharger.
- 1d. Third-Party Group: Identify Third-Party enrolled in, if applicable.
- 1e. Member Mailing Address*: Mailing address of the enrolled member
- 1f. Property Address: Address of the enrolled parcel if different from the mailing address.
- 1g. Is the Discharger also the owner? If yes, skip 2a-2d below. If no, please provide landowner information.
- 1h. Is the Discharger (including family) the only consumer of the drinking water?

In the event of nitrate + nitrite as nitrogen or pesticide exceedance - if yes, notify North Coast Regional Water Board; if no, notification required to all users and the North Coast Regional Water Board within 10 days.

Landowner Information


- 2a. Landowner Name: Provide name of landowner of enrolled parcel(s).
- 2b. Landowner Mailing Address: Provide a valid mailing address for the landowner of the enrolled parcel(s).
- 2c. Landowner phone: Provide valid phone number for landowner of enrolled parcel(s).
- 2d. Landowner email: Provide valid email for landowner of enrolled parcel(s).

Drinking Water Well Information

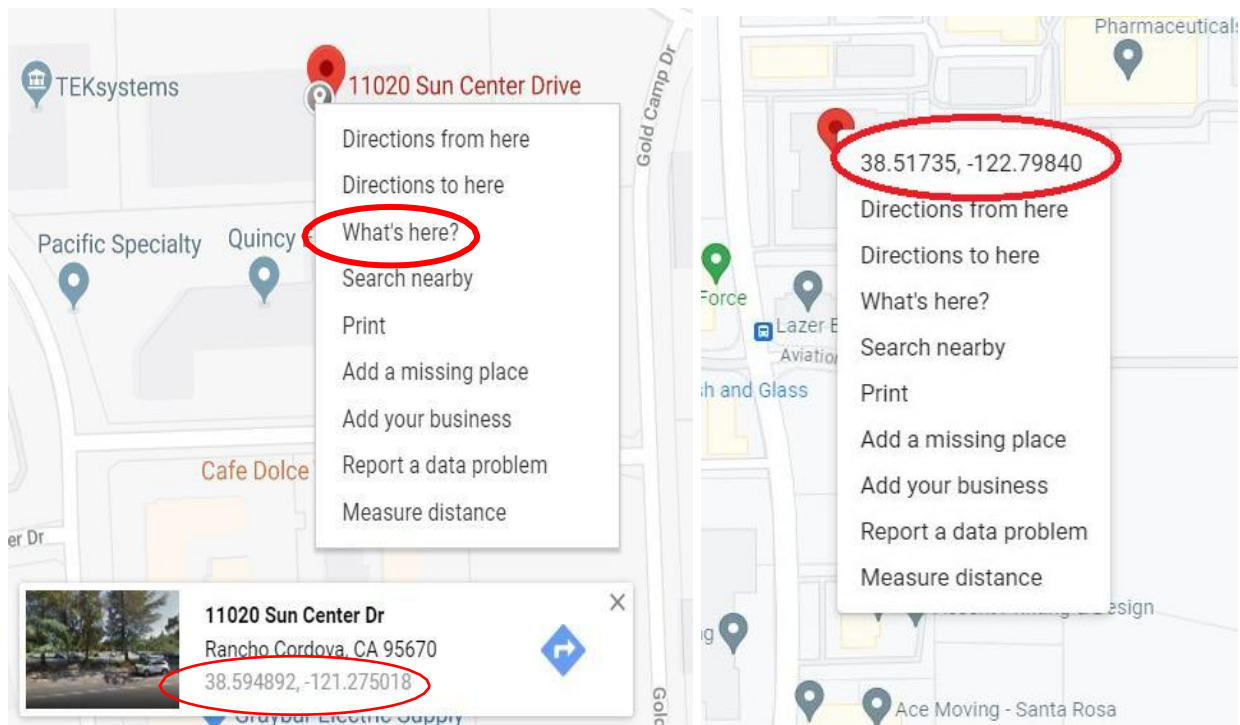
Well Name/Field Point Name*: Provide a specific name for each well. Name should clearly identify well for future sampling events (not to exceed 10 characters). If water is collected after a treatment system provide TRT- at beginning of Well Name (e.g., TRT-SEwell)


Instructions Reporting for Drinking Water Well Information Form

An “X” should be placed in the column to the left of the Well Name/Field Point Name field if the well has previously been sampled. This column will be used for previously sampled wells (within the last 5 years) for data entry or during year 2 of sampling to help the laboratory identify previously sampled wells.

Longitude and Latitude can be found by using a cell phone or computer. Longitude and Latitude must be provided in decimal degrees. To determine your coordinates, while using google maps **on a computer**, type in the address and search. Once the address is displayed on the map, using your mouse, right click the pin drop  select What’s here? A display box should appear near the bottom of the screen (left). In some versions, the latitude and longitude will appear on the top of the box (right).

In this case of the property on the left, latitude = 38.594892, longitude = -121.275018.



On your cell phone - using google maps drop a pin  (by placing finger on map and hold in place where the drinking water well is located). When a dropped pin box comes up at the bottom of the screen, scroll down to pin symbol for latitude and longitude information.

County*: The county the enrolled parcel is located.

APN*: An Assessor's Parcel Number (APN) is a unique number that is assigned to each tract of land in a county by the Tax Assessor. Please provide the APN of the enrolled parcel with the drinking water well.



North Coast Regional Water Quality Control Board

DRINKING WATER WELL INFORMATION FORM

Complete entire form if you have a drinking water well on an enrolled Assessor's Parcel Number (APN) and submit it with your well samples to an Environmental Laboratory Accreditation Program laboratory for required data entry into the State's GeoTracker. The Discharger is responsible for uploading the data into GeoTracker if the laboratory will not submit directly to Geotracker.

1. Discharger Information

(Personal information will not be available to the public, only APN and well sample data will be available to view through the GeoTracker database) – *Note: fields with asterisk are required to be filled out.

1a. Discharger Name*

1b. Discharger Email*:

1c. Discharger Phone*:

1d. Third-Party Group (if applicable)*:

1e. Member's Mailing Address*:

1f. Property Address (if different from mailing address):

1g. Is the Discharger also the landowner:

- YES (if Yes, skip 2a-2d below)
- NO

1h. Is the Discharger (including family) the only consumer of the drinking water

- YES
- NO (if no, notification to all consumers and the North Coast Regional Water Board is required if nitrate or pesticide exceedance is identified)

2. Landowner Information

(Fill out if Discharger is not the landowner)

2a. Landowner's Name:

2b. Landowner's Mailing Address:

2c. Landowner's Phone:

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Drinking Water Well
Information Form

2d. Landowner's Email:

3. Drinking Water Well Information*:

List all drinking water well on Irrigated Lands Regulatory Program enrolled parcel(s) below.

(Note: If well was previously sampled and data is entered into GeoTracker, place an "X" in column to the left of the Well Name/Field Point Name.)

X	Well Name / Field Point Name (required)	Latitude	Longitude	County (required)	Assessor Parcel Number (APN) (required)

4. Certification

"I certify under penalty of law that to the best of my knowledge and belief, this document and any attachments submitted is, true, accurate, and complete and was prepared by me or under my direction or supervision. I am aware that there are significant penalties for knowingly submitting false information."

Signature (required)

Date



North Coast Regional Water Quality Control Board

DRINKING WATER NOTIFICATION TEMPLATE

At a minimum, the Discharger or non-Discharger owner shall notify drinking water well users of the exceedance by providing them a copy of a Drinking Water Notification Template approved by the Executive Officer. The template shall be signed by the Discharger or non-Discharger owner certifying notice has been provided to the users. A copy of the signed template shall be sent to the Regional Water Board and retained by the Discharger or non-Discharger owner.

Please complete template on next page for any Drinking Water Well that exceeds the Nitrate MCL of 10 mg/L. Provide a copy of this Drinking Water Notification Template to all users of the drinking water well within 10 days of learning of the exceedance and submit a copy to the Regional Board.

North Coast Regional Water Quality Control Board
ATTN: Vineyard Order Drinking Water Well Notification
5550 Skylane Blvd STE A
Santa Rosa CA 95403-1072

Drinking Water Well
Information Form



Do Not Drink Your Water

Use Only Bottled Water Until Further Notice

Failure to follow this advisory could result in serious illness.

Test Result: mg/L

Nitrate in your well was found to exceed the drinking water standard of 10 mg/L established for safe drinking water.



- **Pregnant women are at increased risk** for potential health effects and should not drink water with high levels of nitrate. Drinking water with high nitrate levels may also cause serious complications in pregnancy.
- **Do not give the water to infants.** Infant formula and other edible products should be prepared with bottled water or other water with low levels of nitrate. Infants are at increased risk to become seriously ill or even death from consumption of high levels of nitrate.
- **Do not boil your water.** Boiling your water may increase nitrate levels.

This notification was provided by:

Assessor's Parcel Number (APN):

County:

Name (of Landowner/Operator):

Date:

Signature:

Third-Party Group (if applicable):

Member ID:

- No one drinks or cooks with this well water.
- Notification has been provided to the user(s) or appropriate landowner(s).
- Replacement water has been provided to the user(s).

Please submit a signed copy of this notification to the **North Coast Regional Water Board**:

North Coast Regional Water Quality Control Board

NITRATE FACT SHEET

What is nitrate?

Nitrate can occur naturally in surface and groundwater at levels that do not cause health problems. However, levels of nitrate in excess of the standard drinking water are dangerous, especially for infants and pregnant women. Nitrate contamination in groundwater is generally associated with septic systems, confined animal feeding operations, or fertilizer use.

What health concerns are associated with nitrate in drinking water?

High nitrate levels can interfere with the ability of red blood cells to carry oxygen to the tissues of the body, producing a condition called methemoglobinemia. This is of greatest concern in infants; clinical effects on infants ingesting high levels of nitrate are often referred to as the "blue baby syndrome." Symptoms include shortness of breath and blueness in the skin. Symptoms in infants can develop rapidly, with health deteriorating over a period of days. If symptoms occur, seek medical attention immediately. High nitrate levels may also reduce the oxygen-carrying ability of the blood in pregnant women and increase the risks for complication in their pregnancies.

What can consumers do to reduce exposure to nitrate in drinking water?

Use bottled water until an appropriate treatment system is in place.

Drinking water may be treated to remove nitrate. Home filters such as Brita filters do not remove nitrate from drinking water, but other systems can be used to remove nitrate. Please consult the [State Water Board's residential water treatment approved list](https://www.waterboards.ca.gov/drinking_water/certlic/device/Documents/wtd2017/76R_registered%20Models%20for%20Nitrate%20listing%20081117_WITH%20LINKS%20TO%20PDS.pdf) (https://www.waterboards.ca.gov/drinking_water/certlic/device/Documents/wtd2017/76R_registered%20Models%20for%20Nitrate%20listing%20081117_WITH%20LINKS%20TO%20PDS.pdf).

Boiling water is not a solution, as it can concentrate the nitrate level.

Do not make infant formula with drinking water that contains nitrate levels above 10 mg/L.

Can nitrate-contaminated water be used to bathe babies and children?

Yes. Babies and children can be bathed in water with high levels of nitrate. Showers may also be taken. Nitrate is only a concern for ingestion (eating and drinking). Nitrate is not absorbed through your skin. People who install filter systems for nitrate often install them just for their kitchen sink faucet, because they use that faucet for their cooking and drinking water.

Nitrate Fact Sheet

Can nitrate-contaminated water be used to wash fruits and vegetables before they are eaten?

Generally, fruits and vegetables can be washed with water with high nitrate levels. The amount of water used for this purpose is small, and if the fruits and vegetables are wiped or blotted dry after washing, there should be no health risk. The water should not be used for cooking.

For more information

Or, for more information about nitrate in wells used for drinking water, visit the [Groundwater Information Sheet regarding Nitrate](http://www.waterboards.ca.gov/gama/docs/coc_nitrate.pdf) online (www.waterboards.ca.gov/gama/docs/coc_nitrate.pdf).

North Coast Regional Water Quality Control Board

Individual Vineyard Order Enrollee Annual Compliance Form

For Dischargers Enrolled Individually

Instructions-Overview

The Annual Compliance Form has five components:

Component 1: Farm Evaluation, Component 2: Irrigation and Nutrient Management Plan, Component 3: Annual Water Quality Monitoring Results, Component 4: Annual Outreach Attendance, Component 5: CEQA Mitigation Monitoring (if applicable), Component 6: Certification

Component 1: Farm Evaluation: Fill out the Farm Evaluation which is an inventory of management practices to control the discharge of sediment, pesticides and nutrients from the Farm Area and an identification of wells, watercourses, and appurtenant structures.

Component 2: Irrigation and Nutrient Management Plan: Fill out the INMP, which is an inventory of management practices to control the movement of nutrients to groundwater and reporting of Nitrogen Applied and Removed.

Component 3: Annual Water Quality Monitoring Results: Review Annual Water Quality Monitoring Requirements in Attachment A: MRP and attach separate sheets and reports as necessary.

Component 4: Outreach Event Attendance: Report annual outreach event attended in the previous year.

Component 5: Mitigation Monitoring: Report on the CEQA mitigation measures identified in Attachment D employed to comply with the provisions of the Order.

Component 6: Certification. Once all sections have been completed, sign Component 6 to certify that all the information provided is current and accurate. Upload the completed Annual Compliance Form to your GeoTracker account. The [GeoTracker link and instructions](https://www.waterboards.ca.gov/ust/electronic_submittal) is available at: https://www.waterboards.ca.gov/ust/electronic_submittal

Component 1: Farm Evaluation

Farm Evaluation-Overview

The practices recorded on the Farm Evaluation should correspond to the Assessor's Parcel Numbers (APNs) you have enrolled in the Order and reflect practices implemented during the previous growing season. You may subdivide a parcel into multiple fields, using Field IDs or by assigning names for each field. You may also assign one Field ID to multiple parcels.

For example, you might have two fields of different irrigation practices on one APN, so fields could be identified as APN# 111-00-222; field A; APN# 111-00-222, field B, etc. or any other designation used by the County Agricultural Commissioner or your own records.

Alternately, you may have two separate parcels with the same management practices. In that case, you may lump multiple parcels under a single Field ID.

If all parcels/fields listed have the same practices, fill out one (1) survey for all enrolled parcels and return. If a field with the same management practices is greater than 640 acres, more than one survey will need to be completed.

If some parcels/fields listed have different practices, make copies of Section 3 and fill out one (1) copy for each parcel/field with different practices.

For example, a Discharger has 3 parcels enrolled (Parcel A, B and C) and Parcel A and B are managed the same way. Fill out Section 1 and 2 for all 3 parcels, but complete one Section 3 for Parcels A and B and another Section 3 for Parcel C to record the practices that differ from A and B.

Individual Enrollee
Annual Compliance Form

Detailed Instructions

The Farm Evaluation has 4 Sections:

Section 1: Farm Information, Section 2: Management Practices, Section 3: Well Information, Section 4: Farm Map(s)

Step 1: Section 1: Fill out Owner and Operator information. Provide Operation Name, if applicable (e.g., the name of the vineyard or a Doing Business As (DBA) name designation). Answer Questions 2 for all enrolled parcels by marking all applicable responses.

Step 2: Section 2: under Question 1, indicate the parcels (APNs) for which this section applies. Fill in farmed acreage for each parcel/field enrolled in the Order. Farm Area acres incorporates all of the Farm Area (The planted area and appurtenant structures, vineyard avenues, maintenance areas, mixing and loading sites, and appurtenant storage yards on a commercial vineyard). For example, if the parcel is 10 acres, but the Farm Area only includes 5 acres, record 5 acres in that box. Remember to fill out a survey for each of your enrolled parcels for the reporting period. *If parcels or fields differ in their practices you must make a copy of the page to report the practices for each group of parcels/fields.*

Step 3: Section 3: Under Question 1, record the count of drinking water supply wells located on each of your parcels. If a parcel does not contain drinking water supply wells, record a zero in the appropriate box(es). For Questions 2 and 3, complete the Wellhead Protection Practices table and/or Abandoned Well Practices table for all irrigation and abandoned wells on your property. Give each well a unique identifier (Well ID) and list them in the first column of the table. Complete the table by marking which Wellhead Protection Practices or Abandoned Well Practices apply to each of your wells. Mark the location of all in-use wells (irrigation and drinking water supply wells), abandoned wells, and off farm surface water discharge points on a Farm Map. Wells should be marked with the Well ID noted on the Farm Evaluation. Keep the map in your files. The map(s) with well identifiers must be produced if you have a Regional Water Board compliance inspection. *If your land does not contain irrigation wells or abandoned wells, check the appropriate box above the Wellhead Protection Practices table and/or the Abandoned Well Practices Table.*

Step 4: Section 4: Complete a Farm Map(s) of your enrolled parcels (those that are included in **Step 2**). Indicate the location of in-use wells and abandoned wells (use Well IDs from **Step 2**). Mark on the map the locations of surface water sampling points. Note: You can use the same map as the one submitted in your NOI so long as it meets all requirements stated in Section 4.

Individual Enrollee
Annual Compliance Form

Section 1 – Farm Information

Discharger Name: _____ GeoTracker ID#: _____ Crop Year: _____

1. Owner/Operator Identification:

1a. Landowner Name:	1c. Landowner Phone #:
1b. Landowner Mailing Address:	1d. Landowner Email:
1e. Is the landowner also the operator of the irrigated lands operation? Yes: ___ No: ___ <i>(If you checked Yes, skip Operator Information 2a through 2d)</i>	
2a. Operator Name:	2c. Operator Phone #:
2b. Operator Mailing Address:	2d. Operator Email:

2. Commercial Vineyard Identification:

Name of Operation (D.B.A) if applicable: _____

Parcel Information *(attach additional sheets as necessary)*

Assessor's Parcel Number (APN)	Address and County	Township, Range, and Section (TRS)	Field ID	Farm Area Acres

Section 2 – Management Practices

Discharger Name: _____ GeoTracker ID#: _____

1. Identify the Parcels and Fields

Enter the number of farmed acres for each parcel. Fill out a separate Section 3 for each group of parcels/fields with different practices.

Assessor's Parcel Number (APN)	Field ID	Farm Area Acres

2. Minimum Sediment and Erosion Control Management Practices (Check all that apply):

At least 75% of the Farm Area has ground cover during the winterization period (Nov. 15th-April 1st)

Materials to install ground cover are staged within the Farm Area by October 15 and installed 48 hours prior to Qualifying Storm Event.

3. Management Practices Implemented on Controllable Sediment Discharge Sources (CSDS) (Check all that apply):

No CSDS on these parcels

CSDS are prioritized for repair and have management practices implemented during the winterization period.

Critical Area Planting are implemented on CSDS.

Conservation Cover is implemented on CSDS.

Linear sediment controls are implemented on CSDS.

Other: _____

Other: _____

4. Irrigation Practices for Managing Sediment and Erosion (Check all that apply):

The time between pesticide applications and the next irrigation is lengthened as much

Individual Enrollee
Annual Compliance Form

as possible to mitigate runoff of pesticide residue.

Shorter irrigation runs are used with checks to manage and capture flows.

Use drip or micro-irrigation to eliminate irrigation drainage.

Use of flow dissipaters to minimize erosion at discharge points.

Tailwater Return System.

Catchment Basin.

No irrigation drainage due to field or soil conditions.

Other:

5. Other Sediment and Erosion Control Cultural Practices (Check all that apply):

Storm water is captured using field borders, vegetative filter strips, or buffers.

Sediment basins / holding ponds are used to settle out sediment

Creek banks and stream banks have been stabilized.

Minimum tillage incorporated to minimize erosion.

Field is lower than surrounding terrain.

No storm drainage due to field or soil conditions.

Other:

6. Streamside Area Setbacks (Check one):

Check this box if you have no Streamside Areas.

All Streamside Areas meet required setbacks.

___% of Streamside Areas do not meet setbacks. Projected date of replant:

___/___/___

7. Implemented management practices for Streamside Areas (Check all that apply):

Allow the natural establishment and abundance of sufficient native riparian vegetation.

Install and/or maintain vegetative buffers. Vegetated buffers shall be the minimum horizontal width (feet) listed in Table 5 of the Order.

For existing vineyards with seasonal roads and vineyard avenues located within the minimum vegetated buffer width listed in Table 5, install ground cover to achieve a minimum of 85 percent cover prior to November 15th of each year.

8. Appurtenant Roads (Check one):

Appurtenant road network currently meets all minimum requirements of the Order.

Individual Enrollee
Annual Compliance Form

____% of appurtenant road network currently meets minimum requirements of the Order. Projected date to complete upgrade of appurtenant roads to meet minimum requirements: ____/____/____

9. Pesticide Application Practices: (Check all that apply):

- County Permit Followed
- Follow Label Restrictions
- Sensitive Areas Mapped
- Attend Trainings
- End of Row Shutoff When Spraying
- Avoid Surface Water When Spraying
- Use Drift Control Agents
- Monitor Wind Conditions
- Use Appropriate Buffer Zones
- Monitor Rain Forecasts
- Use PCA Recommendations
- Chemigation
- No Pesticides Applied
- Other

10. Who assists with the development of your irrigation and crop fertility plan? (Check all that apply) Certified Crop Adviser (CCA):

- Pest Control Adviser (PCA)
- NRCS Technical Service Provider (TSP)
- Certified Professional Soil Scientist (CPSS)
- Certified Professional Agronomist (CPAg)
- Independently Prepared by Member
- UCCE Farm Advisor
- Certified Agricultural Irrigation Specialist
- Other

Section 3 –Well Information

Discharger Name: _____ GeoTracker ID#: _____

1. Information on your on-farm drinking water supply

Indicate the number of active drinking water supply wells on each of your enrolled parcels.

Check this box If you have no active drinking water wells on your commercial vineyard.

Assessor’s Parcel Number (APN)	Number of Drinking Water Wells

2. Irrigation Wells and Wellhead Protection Practices:

Create a unique Well ID for each irrigation well. For each well, fill in the table below with the Well ID and mark an “X” under the practices that apply to the individual well. Mark the location of your wells on the provided Farm Map(s) or your own farm map using the unique Well ID.

Check this box If you have no irrigation wells on your commercial vineyard.

Well ID (a unique name of your choice)	Assessor’s Parcel Number (APN)	Ground sloped away from wellhead	Standing water avoided around wellhead	Good house-keeping practices*	Air Gap (for non-pressurized systems)	Backflow Preventative/Check Valve	Cement Pad

*Good housekeeping practices include keeping the area surrounding the wellhead clean of trash, debris and any empty containers.

Comments: .

3. Abandoned Wells and Abandoned Well Practices:

Create a unique Well ID for each abandoned well. Mark the location of your wells on the provided Farm Map(s) or your own farm map using the unique Well ID. Indicate the year the well was abandoned (write “UNK” if the year is unknown; approximation is okay) and mark how the well was destroyed with an “X” under the appropriate practice.

Check this box If you have no abandoned wells on your commercial vineyard.

Well ID (a unique name of your choice)	Assessor's Parcel Number (APN)	If abandoned, year abandoned	Destroyed—certified by county	Destroyed by licensed professional	Destroyed—Unknown method

Comments:

Section 4 – Farm Map

Keep Onsite for Inspection Purposes

A vineyard map shall include all enrolled parcels and may be an aerial photograph, topographic map, LiDAR-derived shaded relief map, Google Earth image, or equivalent that depicts features at 1-inch = 50 feet or larger scale. The vineyard base map(s) shall include a north arrow and label the following appurtenant features on all enrolled parcels: (1) Field ID(s) (2) Streamflow diversion structures; (3) Agricultural drainage structures; (4) Farm buildings and equipment yards; (5) appurtenant agricultural roads.

Label agricultural drainage structure sampling locations for every agricultural drainage structure at its furthest downstream location on the Farm Area for which the discharge is in hydrologic connection to surface waters.

Component 2: Irrigation and Nitrogen Management Plan (INMP) Worksheet
Instructions

Complete an Irrigation and Nitrogen Management Plan (INMP) Worksheet for every field or management unit enrolled in the Order. All INMP Worksheets must be kept on farm for all fields/parcels and made available upon request during inspections by the North Coast Regional Water Quality Control Board (Regional Board).

Each section heading below (in bold) corresponds to the section heading on the INMP Worksheet. The numbered references correspond to each numbered box on the INMP Worksheet.

Irrigation and Nitrogen Management Plan

Enter the GeoTracker ID and name of the Owner or Operator enrolled in the Order.

Indicate if the field(s)/management unit you are writing the plan for was identified as a **Statistical Outlier** by the Regional Board for the previous crop year. The Regional Board conducts a statistical analysis on the data provided from individually enrolled Dischargers for the nitrogen applied and nitrogen removed (based on yield) to determine statistical outliers and will notify those Dischargers. If the field/management unit was identified as a statistical outlier by the Regional Board in the previous crop year, mark “Yes”.

Enter the **Crop Year (Harvested)**. Information on INMP Worksheets should be based on the calendar year in which harvest was completed. If the winegrape crop was harvested in November of 2024, enter ‘2024’ in this space.

1. Parcel Management

Use this table to account for all parcels for which the plan applies. Multiple parcels, portions of parcels, or fields (not to exceed 640 acres) may be included in a single plan if they all have the same: crop, fertilizer inputs, irrigation management, and nitrogen management practices.

Enter the **Assessor’s Parcel Number (APN)** and **County** for each parcel associated with your plan.

Enter the **Crop Age** (in years). Count the crop age from the date the vineyard was planted.

Enter the Farm Area acres for each parcel or portion of parcel to which this plan applies. Farm Area acres incorporates all of the Farm Area (The planted area and appurtenant structures, vineyard avenues, maintenance areas, mixing and loading sites, and appurtenant storage yards on a commercial vineyard). For example, if the parcel is 10 acres, but the Farm Area only includes 5 acres, record 5 acres in that box. Sum the Farm Area acres from each parcel for the Total Acres covered under the plan Use the Comment/Notes box to provide any further information that may be pertinent to the worksheet (e.g., nitrogen use efficiency, nitrogen removal rates, reasons for substantial differences between plan and actual numbers, etc.).

2. Irrigation Pre-Season Planning

Crop Evapotranspiration. Enter the potential crop evapotranspiration (ET_c) in inches anticipated for the season. Evapotranspiration rates are provided by geographical location, and multiplied by a crop-specific coefficient to estimate the amount transpired by your crops.

Anticipated Crop Irrigation. Enter the amount of irrigation water in inches expected to be applied over the course of the season.

Irrigation Water N Concentration. Enter the concentration of nitrogen in the irrigation water used on your crop as parts per million (ppm) or milligrams per liter (mg/L). The concentration of nitrogen in your irrigation water can be obtained from sources such as local district testing, laboratory analysis, or other sources. These results can be reported as either Nitrate as N, nitrate-nitrogen, or NO₃-N.

3. Irrigation Method

Check the box to indicate the irrigation method used the most for crop irrigation (primary irrigation) during the growing season for the field/management unit under this plan. If applicable, indicate any secondary irrigation systems. Secondary irrigation systems include those used for crop germination, frost protection, crop cooling, or salinity management.

4. Irrigation Efficiency Practices*

Check all boxes that apply to indicate irrigation efficiency practices used on your fields during the season. Indicate if, to your knowledge, the parcels have been laser leveled.

5. Harvest/Yield Information

Production Unit. This is the standard unit in which you measure your harvest. For example, if winegrapes are harvested in tons per year, calculate harvested tons per acre for the parcels identified under **Parcel Management**. **You will need to convert this number to lbs per acre later.**

Harvested Yield. This includes all crop yield harvested for the season. For pre-season planning, fill in the Expected Yield for the season. The Expected Yield should be reported on a per-acre basis for the field or management unit covered by the plan. Expected Yield expectations will guide nitrogen management decisions and will inform the **TOTAL NITROGEN Recommended** to be used in the Nitrogen Management section below. Enter actual harvested Yield in the next box following harvest in lbs. per acre.

6. Nitrogen Efficiency Practices

Nitrogen Efficiency Practices. Check all boxes that apply to indicate any nitrogen efficiency practices used on your fields during the season.

7. Nitrogen Applied and Nitrogen Sources

Recommended/Planned N (Column A): Complete the boxes in the Nitrogen Sources

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section in **Column A** based on the anticipated Nitrogen Sources required to obtain the Expected Yield. Use crop recommendations from CDFA, UCCE, NRCS, commodity organizations or site-specific knowledge to appropriately estimate the amount of nitrogen (N) necessary. Use Recommended/Planned N totals for each source of N and schedule applications for the crop year. Use additional tools/spreadsheets to plan timing for each application. Proper scheduling of N applications and irrigations is essential for efficient nitrogen management.

Recommended / Planned TOTAL NITROGEN: All Nitrogen Sources in this section should be the total for **Recommended / Planned TOTAL NITROGEN (14A)**.

Recommended / Planned TOTAL NITROGEN: Sum all values from Column A.

Complete the following sections based on the nitrogen source:

Soil – Available N in Root Zone. Represents nitrogen in the soil root zone that is available to the crop during the growing season. Enter the amount of residual soil nitrogen based on soil samples or other available data.

N in Irrigation Water. Enter the amount of nitrogen applied via irrigation water over the course of the crop year in pounds per acre. For planning, this value is calculated based on the **Anticipated Crop Irrigation** and the **Irrigation Water N Concentration**. For the Actual N column, this value is calculated based on the *actual* crop irrigation and irrigation water N concentration. To calculate N in irrigation water, use the following formula:

$$\text{N concentration (ppm or mg/L)} \times \text{inches of irrigation applied} \times 0.226$$

Nitrate as nitrogen is also referred to as Nitrate as N, nitrate-nitrogen, or $\text{NO}_3\text{-N}$.

Organic Amendments. Organic Amendments include any nutrient applications from sources that do not have a guaranteed nutrient content, such as compost and manure applications. Applied organic amendments should be reported as the amount of nitrogen available to the plant during the crop year, in pounds per acre.

Dry/Liquid Fertilizer N. The Dry/Liquid Fertilizers include any nitrogen-containing product with a guaranteed nutrient content. This number should be reported as the amount of nitrogen applied as pounds per acre; this may be different than the amount of fertilizer applied which may include other nutrients.

Foliar Fertilizer N. Foliar nitrogen applications include any nitrogen-containing product applied to the crop canopy or above ground plant parts, and should be reported in pounds per acre.

Actual N (Column B): Fill in the **Actual N (Column B)** based on actual applied nitrogen amounts. This should be completed after the crop is harvested for each of the nitrogen sources outlined above. Use the Recommended/Planned N schedule to guide nitrogen applications throughout the growing season. Actual application amounts and timing can be adjusted based upon changing conditions (weather, pest damage, expected yield, tissue samples, etc.). The information in this column should reflect the

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actual application during the Crop Year. Refer to the Nitrogen Source section above for additional instructions and definitions.

Actual TOTAL NITROGEN: Actual applied Nitrogen Sources. Actual TOTAL NITROGEN: Sum of all values from Column B.

Nitrogen Removed

Harvested Yield. This includes all crop yield harvested for the season in lbs/acre.

Harvest Yield x Crop Removal Coefficient (C_N).** Use this box to multiply the harvested yield by the crop removal coefficient. Nitrogen Removed includes nitrogen removal via harvest and nitrogen sequestered in permanent wood of perennial crops. This is incorporated into the Crop Removal Coefficient which calculates the nitrogen removed in one season per pound per acre of winegrapes harvested. The Regional Board will provide you a C_N.

Nitrogen Applied and Removed Totals

Enter your total Nitrogen Applied (from 6) and Nitrogen Removed (from 7) in lbs./acre.

INMP Certification

INMPs must be certified for the following conditions: (1) for parcels in a **High Vulnerability Area** (HVA) to groundwater must be certified. Please contact the Regional Board for more information regarding the vulnerability to groundwater of your parcels, and (2) If the Discharger was identified as a statistical outlier by the Regional Board in the previous year. The person certifying the plan must complete the **INMP Certification** section including signature, date, and method of certification. Any plan certifier should also initial the INMP Worksheet page in the box in the bottom right corner.

Any INMP requiring certification must be certified by an Irrigation and Nitrogen Management Specialist, such as:

Crop Advisers certified by the American Society of Agronomy (CCA). Any Certified Crop Adviser who certifies an INMP must also have completed the nitrogen management training program offered by the University of California Agriculture and Natural Resources (UCANR) and the California Department of Food and Agriculture (CDFA).

Certified Professional Soil Scientists (CPSS)

Certified Professional Agronomists (CPAg)

Technical Service Providers (TSP) certified in nutrient management in California by the Natural Resources Conservation Service (NRCS)

Certified Agricultural Irrigation Management Specialists (CAIS) certified by The Irrigation Association.

Additionally, plans may be self-certified by the Discharger if:

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The certifying Discharger has attended the California Department of Food and Agriculture (CDFA) or other approved training program for INMP certification. The Member must retain written documentation of their attendance in the training program.

The certifying Discharger adheres to a site-specific recommendation from the Natural Resources Conservation Service (NRCS Nutrient Management Plan) or the University of California Cooperative Extension (UCCE). The Member must retain written documentation of the recommendation.

If you do not apply nitrogen fertilizer:

You must state that you do not apply nitrogen fertilizer to the field on your INMP Worksheet.

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Irrigation and Nitrogen Management Plan (INMP) Worksheet

Discharger Name: _____ GeoTracker ID#: _____

Instructions:

Fill out the INMP Worksheet. The INMP must be certified under the following conditions:
(1) the commercial vineyard is located within a high vulnerability groundwater area, or
(2) the Discharger was notified that they are a statistical outlier. Complete instructions are located at the back of the worksheet.

Was this field identified as a statistical outlier by the Regional Water Board last year?

Yes No

Crop Year (Harvested):

1. Parcel Management

APN	Field ID	County	Crop Age (Years)	Farm Area (Acres)

Total Acres: _____

Comments:

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Discharger Name: _____ GeoTracker ID#: _____

Field ID: _____ Field Acres: _____

2. Irrigation Pre-Season Planning

Crop Evapotranspiration (ET, inches):

Anticipated Crop Irrigation (inches):

Irrigation Water N Concentration (ppm or mg/L, as NO₃ -N):

3. Irrigation Method

(Check one for Primary; if applicable, check one for Secondary)

Primary Secondary¹

- | | | |
|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Drip |
| <input type="checkbox"/> | <input type="checkbox"/> | Micro Sprinkler |
| <input type="checkbox"/> | <input type="checkbox"/> | Furrow |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler |
| <input type="checkbox"/> | <input type="checkbox"/> | Border Strip |
| <input type="checkbox"/> | <input type="checkbox"/> | Flood |

¹ A secondary irrigation system could be used for crop germination, frost protection, crop cooling, etc.

4. Irrigation Efficiency Practices (Check all that apply).

Laser Leveling

Use of ET in scheduling irrigations

Water application schedule to need

Use of moisture probe (e.g., tensiometer)

Soil Moisture Neutron Probe

Pressure Bomb

Other: _____

5. Harvest/Yield Information

Production Unit (e.g., tons): _____ Converted to lbs.: _____

Harvested Yield (lbs/acre): Expected: _____ Actual: _____

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6. Nitrogen Efficiency Practices (Check all that apply):

Split Fertilizer Applications

Irrigation Water N Testing

Soil Testing

Tissue/Petiole Testing

Fertigation

Foliar N Application

Cover Crops

Variable Rate Applications using GPS

Other:

7. Nitrogen Applied and Nitrogen Sources:

Sources	Recommended/ Planned N (A)	Actual N (B)
Soil – Available N in Root Zone (Annualized, lbs/ac)		
N in Irrigation Water* (Annualized, lbs/ac)		
Organic Amendments* (Manure/Compost/Other, lbs/ac estimate)		
Dry/Liquid Fertilizer N* (lbs/ac)		
Foliar Fertilizer N* (lbs/ac)		
Total Nitrogen Applied (lbs/ac)		

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Nitrogen Removed*:

Nitrogen Removed	Harvest Yield x Crop Removal Coefficient** (C _N)	Nitrogen Removed (lbs/acre)
Harvest Yield (lbs/acre)		

*Nitrogen Removed includes nitrogen removal via harvest and nitrogen sequestered in permanent wood of perennial crops. This is incorporated into the Crop Removal Coefficient which calculates the nitrogen removed in one season per pound per acre of winegrapes harvested.

**The Regional Board will provide you a C_N

Total Nitrogen Applied (lbs./acre): _____

Total Nitrogen Removed (lbs/acre): _____

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Irrigation and Nitrogen Management Plan (INMP) Certification

Check a box below:

This INMP does not need to be certified (skip Certification).

This INMP does need to be certified.

Certification:

The person signing this Irrigation and Nitrogen Management Plan (INMP) certifies, under penalty of law, that the INMP was prepared under his/her direction and supervision, that the information and data reported is to the best of his/her knowledge and belief, true, accurate, and complete, and that he/she is aware that there are penalties for knowingly submitting false information. Where the person signing the INMP is not the Discharger, he/she may rely on the information and data provided by the Member and is not required to independently verify the information and data.

The person signing the INMP below further certifies that he/she used sound irrigation and nitrogen management planning practices to develop irrigation and nitrogen application recommendations and that the recommendations are informed by applicable training for meeting the crop's agronomic needs while minimizing nitrogen loss to surface water and groundwater. Where the person signing the INMP is not the Discharger, he/she is not responsible for any damages, loss, or liability arising from subsequent implementation of the INMP by the Member in a manner that is inconsistent with the INMP's recommendations for nitrogen application. **This certification does not create any liability for claims for environmental violations.**

The person signing this document is:

Certified INMP Specialist (e.g., Certified Crop Adviser who has completed CDFA training)

Self-Certified by Discharger who has completed the CDFA training program

Self-Certified by the Discharger who follows NRCS or UC site-specific recommendations (documentation required)

I do not apply nitrogen

I, _____, certify this INMP in accordance with the statement above.

_____ Signature _____ Date

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If the certifier is not the Discharger, the Discharger additionally agrees as follows:

I, _____, Discharger, have provided information and data to the certifier above that is, to the best of my knowledge and belief, true, accurate, and complete, that I understand that the certifier may rely on the information and data provided by me and is not required to independently verify the information and data, and that I further understand that the certifier is not responsible for any damages, loss, or liability arising from subsequent implementation of the INMP by me in a manner that is inconsistent with the INMP's recommendations for nitrogen application. I further understand that the certification does not create any liability for claims for environmental violations.

_____ Signature _____ Date

Component 3: Annual Water Quality Monitoring Results

Refer to Attachment A: MRP for details on the submission of Annual Water Quality Monitoring Results and attach separate sheets/data as needed. Include a map of the ag drainage structure monitoring locations and sampled wells, a tabulation of the analytical data, and time of concentration (Tc) charts.

The annual water quality monitoring data results shall include the following for the required reporting period:

1. One Excel workbook containing all surface water data and one Excel workbook containing all groundwater monitoring data.
2. Electronic copies of all field sheets.
3. Electronic copies of photos obtained from all edge-of-field sampling sites, clearly labeled with location code and date.
4. Electronic copies of all applicable laboratory analytical reports shall be submitted once per year with the Annual Compliance Report.
5. Calibration logs from all turbidimeters used in sampling.
6. For chemistry data, analytical reports shall include, at a minimum, the following:
 - a. A lab narrative describing quality control failures.
 - b. Analytical problems and anomalous occurrence.
 - c. Chain of custody and sample receipt documentation.
 - d. All sample results for contract and subcontract laboratories with units. Reporting Limits and Method Detection Limits.
 - e. Sample preparation, extraction, and analysis dates.
 - f. Results for all quality control samples including all field and laboratory blanks, lab control spikes, matrix spikes, field and laboratory duplicates, and surrogate recoveries.

Groundwater quality monitoring data are to be submitted electronically to the State Water Board's GeoTracker Database.

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Component 4: Outreach Event Attendance

Discharger Name: _____ GeoTracker ID#: _____ Crop year: _____

All Dischargers shall participate in outreach and education annually that focuses on: (1) actions necessary to attain compliance with water quality standards; and (2) and practices to prevent discharge of sediment, pesticides, and nutrients to receiving waters. If an agricultural drainage structure or drainage point has either: (1) an exceedance of the turbidity benchmark in two consecutive years, or (2) a report of a pesticide above its MDL in two consecutive years following a five-year statistical increase in concentration of that pesticide, the Discharger shall attend an education or outreach event focused on controlling discharge of that pollutant (e.g., sediment erosion and control management practices for exceedances of the turbidity benchmark). The Discharger may satisfy this requirement for multiple parameters at one outreach event if the outreach event covers management practices to control dischargers of those applicable pollutants. This event may also serve as the Discharger's annual outreach and education event as required by the Order so long as the above requirements are satisfied.

Name of Attendee:	Date of Outreach	Title of Outreach Event	Brief description of topics covered:

Component 5: CEQA Mitigation Monitoring

Dischargers must determine whether their proposed activities (e.g., management practices) are subject to individual mitigation measures and, if applicable, take the necessary actions to ensure the mitigation measures are fully implemented.

Dischargers who enroll individually in the Vineyard Permit must report their compliance with mitigation measures in the Annual Compliance Report (ACR), which is submitted as part of their overall compliance reporting for Vineyard Permit. Please refer to Attachment D of the Order for these mitigation measures and report them below, as appropriate:

Describe activities requiring mitigation measures in past year and implemented mitigation measures:

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Component 6: Certification

Discharger Name: _____ GeoTracker ID#: _____ Crop Year: _____

Please check the box below and sign the Annual Compliance Report Certification:

All management practices within the Farm Area, the appurtenant road network, and Streamside Areas are designed, installed, maintained, and promptly repaired in accordance with Section II.C.1. of the Order. Maintenance of management practice shall include periodic inspection of management practices during and after the winterization period to confirm effectiveness and prioritize repair.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel or represented Discharger properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment for violations.

Printed Name:

Signature:

Date:

North Coast Regional Water Quality Control Board

Third-Party Vineyard Order Enrollee Farm Evaluation

For Dischargers Enrolled in Third-Party Program

Instructions-Overview

The practices recorded on the Farm Evaluation should correspond to the Assessor's Parcel Numbers (APNs) you have enrolled in the Order and reflect practices implemented during the previous growing season. You may subdivide a parcel into multiple fields, using Field IDs or by assigning names for each field. You may also assign one Field ID to multiple parcels.

For example, you might have two fields of different irrigation practices on one APN, so fields could be identified as APN# 111-00-222; field A; APN# 111-00-222, field B, etc. or any other designation used by the County Agricultural Commissioner or your own records.

Alternately, you may have two separate parcels with the same management practices. In that case, you may lump multiple parcels under a single Field ID.

If all parcels/fields listed have the same practices, fill out one (1) survey for all enrolled parcels and return. If a field with the same management practices is greater than 640 acres, more than one survey will need to be completed.

If some parcels/fields listed have different practices, make copies of Section 2 and fill out one (1) copy for each parcel/field with different practices.

For example, a Discharger has 3 parcels enrolled (Parcel A, B and C) and Parcel A and B are managed the same way. Fill out Section 1 and 2 for all 3 parcels, but complete one Section 3 for Parcels A and B and another Section 3 for Parcel C to record the practices that differ from A and B.

Detailed Instructions

The Farm Evaluation has 5 sections:

Section 1: Farm Information, Section 2: Management Practices, Section 3: Well Information, Section 4: Farm Map(s), Section 5: Certification

Step 1: Section 1: Fill out Owner and Operator information. Provide Operation Name, if applicable (e.g., the name of the vineyard or a Doing Business As (DBA) name designation). Answer Questions 2 for all enrolled parcels by marking all applicable responses.

Step 2: Section 2, Question 1: Indicate the parcels (APNs) for which this section applies. Fill in farmed acreage for each parcel/field enrolled in the Order. Farm Area acres incorporates all of the Farm Area (The planted area and appurtenant structures, vineyard avenues, maintenance areas, mixing and loading sites, and appurtenant storage yards on a commercial vineyard). For example, if the parcel is 10 acres, but the Farm Area only includes 5 acres, record 5 acres in that box. Remember to fill out a survey for each of your enrolled parcels for the reporting period. *If parcels or fields differ in their practices you must make a copy of the page to report the practices for each group of parcels/fields.*

Step 3: Section 3: Under Question 1, record the count of drinking water supply wells located on each of your parcels. If a parcel does not contain drinking water supply wells, record a zero in the appropriate box(es). For Questions 2 and 3, complete the Wellhead Protection Practices table and/or Abandoned Well Practices table for all irrigation and abandoned wells on your property. Give each well a unique identifier (Well ID) and list them in the first column of the table. Complete the table by marking which Wellhead Protection Practices or Abandoned Well Practices apply to each of your wells. Mark the location of all in-use wells (irrigation and drinking water supply wells), abandoned wells, and off farm surface water discharge points on a Farm Map. Wells should be marked with the Well ID noted on the Farm Evaluation. Keep the map in your files. The map(s) with well identifiers must be produced if you have a Regional Water Board compliance inspection. *If your land does not contain irrigation wells or abandoned wells, check the appropriate box above the Wellhead Protection Practices table and/or the Abandoned Well Practices Table.*

Step 4: Section 4: Complete a Farm Map(s) of your enrolled parcels (those that are included in **Step 2**). Indicate the location of in-use wells and abandoned wells (use Well IDs from **Step 2**). Mark on the map the locations of agricultural drainage structure discharge locations. Keep the Farm Map on site for inspections. Note: You can use the same map as the one submitted in your NOI so long as it meets all requirements stated in Section 4.

Step 5: Once all sections have been completed, sign Section 5 to certify that all the information provided is current and accurate. Return the signed Farm Evaluation to the Third-Party Group.

Section 1 – Farm Information

**Section 1 may be satisfied by attaching the NOI to your Farm Evaluation.*

Discharger Name: _____ Third-Party Member ID#: _____

1. Owner/Operator Identification:

1a. Landowner Name:	1c. Landowner Phone #:
1b. Landowner Mailing Address:	1d. Landowner Email:
1e. Is the landowner also the operator of the irrigated lands operation? Yes: ___ No: ___ <i>(If you checked Yes, skip Operator Information 2a through 2d)</i>	
2a. Operator Name:	2c. Operator Phone #:
2b. Operator Mailing Address:	2d. Operator Email:

2. Commercial Vineyard Identification:

Name of Operation (D.B.A) if applicable: _____

Parcel Information *(attach additional sheets as necessary)*

Assessor's Parcel Number (APN)	Address and County	Township, Range, and Section (TRS)	Field ID	Farm Area Acres

Section 2 – Management Practices

Discharger Name: _____ Third-Party Member ID#: _____

1. Identify the Parcels and Fields

Enter the number of farmed acres for each parcel. Fill out a separate Section 3 for each group of parcels/fields with different practices.

Assessor's Parcel Number (APN)	Field ID	Farmed Acres

2. Minimum Sediment and Erosion Control Management Practices

(Check all that apply):

- At least 75% of the Farm Area has ground cover during the winterization period (Nov. 15th-April 1st)
- Materials to install ground cover are staged within the Farm Area by October 15 and installed 48 hours prior to Qualifying Storm Event.

3. Management Practices Implemented on Controllable Sediment Discharge Sources (CSDS)

(Check all that apply):

- No CSDS on these parcels
- CSDS are prioritized for repair and have management practices implemented during the winterization period.
- Critical Area Planting are implemented on CSDS.
- Conservation Cover is implemented on CSDS.
- Linear sediment controls are implemented on CSDS.
- Other: _____

4. Irrigation Practices for Managing Sediment and Erosion (Check all that apply):

- The time between pesticide applications and the next irrigation is lengthened as much as possible to mitigate runoff of pesticide residue.
- Shorter irrigation runs are used with checks to manage and capture flows.
- Use drip or micro-irrigation to eliminate irrigation drainage.
- Use of flow dissipaters to minimize erosion at discharge points.
- Tailwater Return System.
- Catchment Basin.
- No irrigation drainage due to field or soil conditions.
- Other:

5. Other Sediment and Erosion Control Cultural Practices (Check all that apply):

- Storm water is captured using field borders, vegetative filter strips, or buffers.
- Sediment basins / holding ponds are used to settle out sediment
- Creek banks and stream banks have been stabilized.
- Minimum tillage incorporated to minimize erosion.
- Field is lower than surrounding terrain.
- No storm drainage due to field or soil conditions.
- Other:

6. Streamside Area Setbacks (Check one):

- Check this box if you have no Streamside Areas.
- All Streamside Areas meet required setbacks.
- _____% of Streamside Areas do not meet setbacks. Projected date of replant:
____/____/_____

7. Implemented management practices for Streamside Areas (Check all that apply):

- Allow the natural establishment and abundance of sufficient native riparian vegetation.
- Install and/or maintain vegetative buffers. Vegetated buffers shall be the minimum horizontal width (feet) listed in Table 5 of the Order.
- For existing vineyards with seasonal roads and vineyard avenues located within

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the minimum vegetated buffer width listed in Table 5, install ground cover to achieve a minimum of 85 percent cover prior to November 15th of each year.

8. Appurtenant Roads (Check one):

- Appurtenant road network currently meets all minimum requirements of the Order.
- ____% of appurtenant road network currently meets minimum requirements of the Order. Projected date to complete upgrade of appurtenant roads to meet minimum requirements: ____/____/____

9. Pesticide Application Practices:

(Check all that apply)

- County Permit Followed
- Follow Label Restrictions
- Sensitive Areas Mapped
- Attend Trainings
- End of Row Shutoff When Spraying
- Avoid Surface Water When Spraying
- Use Drift Control Agents
- Monitor Wind Conditions
- Use Appropriate Buffer Zones
- Monitor Rain Forecasts
- Use PCA Recommendations
- Chemigation
- No Pesticides Applied
- Other

**10. Who assists with the development of your irrigation and crop fertility plan?
(Check all that apply)**

- Certified Crop Adviser (CCA)
- Pest Control Adviser (PCA)
- NRCS Technical Service Provider (TSP)
- Certified Professional Soil Scientist (CPSS)

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- Certified Professional Agronomist (CPAg)
- Independently Prepared by Member
- UCCE Farm Advisor
- Certified Agricultural Irrigation Specialist
- Other

Section 3 –Well Information

Discharger Name: _____ Third-Party Member ID#: _____

1. Information on your on-farm drinking water supply wells

Indicate the number of active drinking water supply wells on each of your enrolled parcels.

- Check this box If you have no active drinking water wells on your commercial vineyard.

Assessor’s Parcel Number (APN)	Number of Drinking Water Wells

2. Irrigation Wells and Wellhead Protection Practices:

Create a unique Well ID for each irrigation well. For each well, fill in the table below with the Well ID and mark an “X” under the practices that apply to the individual well. Mark the location of your wells on the provided Farm Map(s) or your own farm map using the unique Well ID.

- Check this box If you have no irrigation wells on your commercial vineyard.

Well ID (a unique name of your choice)	Assessor’s Parcel Number (APN)	Ground sloped away from wellhead	Standing water avoided around wellhead	Good house-keeping practices*	Air Gap (for non-pressurized systems)	Backflow Preventative/Check Valve	Cement Pad

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*Good housekeeping practices include keeping the area surrounding the wellhead clean of trash, debris and any empty containers.

Comments:

3. Abandoned Wells and Abandoned Well Practices:

Create a unique Well ID for each abandoned well. Mark the location of your wells on the provided Farm Map(s) or your own farm map using the unique Well ID. Indicate the year the well was abandoned (write “UNK” if the year is unknown; approximation is okay) and mark how the well was destroyed with an “X” under the appropriate practice.

- Check this box If you have no abandoned wells on your commercial vineyard.

Well ID (a unique name of your choice)	Assessor's Parcel Number (APN)	If abandoned, year abandoned	Destroyed—certified by county	Destroyed by licensed professional	Destroyed—Unknown method

Comments:

Section 4 – Farm Map

Keep Onsite for Inspection Purposes

A vineyard map shall include all enrolled parcels and may be an aerial photograph, topographic map, LiDAR-derived shaded relief map, Google Earth image, or equivalent that depicts features at 1-inch = 50 feet or larger scale. The vineyard base map(s) shall include a north arrow and label the following appurtenant features on all enrolled parcels: (1) Field ID(s) (2) Streamflow diversion structures; (3) Agricultural drainage structures; (4) Farm buildings and equipment yards; (5) appurtenant agricultural roads.

Label agricultural drainage structure sampling locations for every agricultural drainage structure at its furthest downstream location on the Farm Area for which the discharge is in hydrologic connection to surface waters.

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Section 5 - Certification

Discharger Name: _____ Third-Party Member ID#: _____

Please check the box below and sign the Farm Evaluation Certification:

- **All management practices within the Farm Area, the appurtenant road network, and Streamside Areas** are designed, installed, maintained, and promptly repaired in accordance with Section II.C.1. of the Order. *Maintenance of management practice shall include periodic inspection of management practices during and after the winterization period to confirm effectiveness and prioritize repair.*

Document any management practices that do not satisfy the conditions of the above statement in the space below. Include location (APN) of those management practices and projected date of repair or installation.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel or represented Discharger properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment for violations.

Printed Name:

Signature:

Date

Third-Party Enrollee
Farm Evaluation

Irrigation and Nitrogen Management Plan (INMP) Worksheet Instructions

Complete an Irrigation and Nitrogen Management Plan (INMP) Worksheet for every field or management unit enrolled in the Order. All INMP Worksheets must be kept on farm for all fields/parcels and made available upon request during inspections by the North Coast Regional Water Quality Control Board (Regional Board).

Each section heading below (in bold) corresponds to the section heading on the INMP Worksheet. The numbered references correspond to each numbered box on the INMP Worksheet.

Irrigation and Nitrogen Management Plan

Enter the Third-Party ID generated by your Third-Party Group and name of the Owner or Operator enrolled in the Order.

Indicate if the field(s)/management unit you are writing the plan for was identified as a **Statistical Outlier** by the Regional Board for the previous crop year. The Regional Board conducts a statistical analysis on the data provided from individually enrolled Dischargers for the nitrogen applied and nitrogen removed (based on yield) to determine statistical outliers and will notify those Dischargers. If the field/management unit was identified as a statistical outlier by the Regional Board in the previous crop year, mark "Yes".

Enter the **Crop Year (Harvested)**. Information on INMP Worksheets should be based on the calendar year in which harvest was completed. If the winegrape crop was harvested in November of 2024, enter '2024' in this space.

1. Parcel Management

Use this table to account for all parcels for which the plan applies. Multiple parcels, portions of parcels, or fields (not to exceed 640 acres) may be included in a single plan if they all have the same: crop, fertilizer inputs, irrigation management, and nitrogen management practices.

Enter the **Assessor's Parcel Number (APN)** and **County** for each parcel associated with your plan.

Enter the **Crop Age** (in years). Count the crop age from the date the vineyard was planted.

Enter the Farm Area acres for each parcel or portion of parcel to which this plan applies. Farm Area acres incorporates all of the Farm Area (The planted area and appurtenant structures, vineyard avenues, maintenance areas, mixing and loading sites, and appurtenant storage yards on a commercial vineyard). For example, if the parcel is 10 acres, but the Farm Area only includes 5 acres, record 5 acres in that box. Sum the Farm Area acres from each parcel for the Total Acres covered under the plan Use the Comment/Notes box to provide any further information that may be pertinent to the worksheet (e.g., nitrogen use efficiency, nitrogen removal rates, reasons for substantial differences between plan and actual numbers, etc.).

2. Irrigation Pre-Season Planning

Crop Evapotranspiration. Enter the potential crop evapotranspiration (ETc) in inches anticipated for the season. Evapotranspiration rates are provided by geographical location, and multiplied by a crop-specific coefficient to estimate the amount transpired by your crops.

Anticipated Crop Irrigation. Enter the amount of irrigation water in inches expected to be applied over the course of the season.

Irrigation Water N Concentration. Enter the concentration of nitrogen in the irrigation water used on your crop as parts per million (ppm) or milligrams per liter (mg/L). The concentration of nitrogen in your irrigation water can be obtained from sources such as local district testing, laboratory analysis, or other sources. These results can be reported as either Nitrate as N, nitrate-nitrogen, or NO₃-N.

Irrigation Method. Check the box to indicate the irrigation method used the most for crop irrigation (primary irrigation) during the growing season for the field/management unit under this plan. If applicable, indicate any secondary irrigation systems. Secondary irrigation systems include those used for crop germination, frost protection, crop cooling, or salinity management.

Irrigation Efficiency Practices* (5). Check all boxes that apply to indicate irrigation efficiency practices used on your fields during the season. Indicate if, to your knowledge, the parcels have been laser leveled.

3. Harvest/Yield Information

Production Unit. This is the standard unit in which you measure your harvest. For example, if winegrapes are harvested in tons per year, calculate harvested tons per acre for the parcels identified under **Parcel Management**. **You will need to convert this number to lbs per acre later.**

Harvested Yield. This includes all crop yield harvested for the season. For pre-season planning, fill in the Expected Yield for the season. The Expected Yield should be reported on a per-acre basis for the field or management unit covered by the plan. Expected Yield expectations will guide nitrogen management decisions and will inform the **TOTAL NITROGEN Recommended** to be used in the Nitrogen Management section below. Enter actual harvested Yield in the next box following harvest in lbs. per acre.

4. Nitrogen Efficiency Practices

Nitrogen Efficiency Practices. Check all boxes that apply to indicate any nitrogen efficiency practices used on your fields during the season.

Nitrogen Applied and Nitrogen Sources

Recommended/Planned N (Column A): Complete the boxes in the Nitrogen Sources section in **Column A** based on the anticipated Nitrogen Sources required to obtain the Expected Yield. Use crop recommendations from CDFR, UCCE, NRCS, commodity

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organizations or site-specific knowledge to appropriately estimate the amount of nitrogen (N) necessary. Use Recommended/Planned N totals for each source of N and schedule applications for the crop year. Use additional tools/spreadsheets to plan timing for each application. Proper scheduling of N applications and irrigations is essential for efficient nitrogen management.

Recommended / Planned TOTAL NITROGEN: All Nitrogen Sources in this section should be the total for **Recommended / Planned TOTAL NITROGEN (14A)**.

5. Recommended / Planned TOTAL NITROGEN: Sum all values from Column A.

Complete the following sections based on the nitrogen source:

Soil – Available N in Root Zone. Represents nitrogen in the soil root zone that is available to the crop during the growing season. Enter the amount of residual soil nitrogen based on soil samples or other available data.

N in Irrigation Water. Enter the amount of nitrogen applied via irrigation water over the course of the crop year in pounds per acre. For planning, this value is calculated based on the **Anticipated Crop Irrigation** and the **Irrigation Water N Concentration**. For the Actual N column, this value is calculated based on the *actual* crop irrigation and irrigation water N concentration. To calculate N in irrigation water, use the following formula:

N concentration (ppm or mg/L) x inches of irrigation applied x 0.226

Nitrate as nitrogen is also referred to as Nitrate as N, nitrate-nitrogen, or NO₃-N.

Organic Amendments. Organic Amendments include any nutrient applications from sources that do not have a guaranteed nutrient content, such as compost and manure applications. Applied organic amendments should be reported as the amount of nitrogen available to the plant during the crop year, in pounds per acre.

Dry/Liquid Fertilizer N. The Dry/Liquid Fertilizers include any nitrogen- containing product with a guaranteed nutrient content. This number should be reported as the amount of nitrogen applied as pounds per acre; this may be different than the amount of fertilizer applied which may include other nutrients.

Foliar Fertilizer N. Foliar nitrogen applications include any nitrogen-containing product applied to the crop canopy or above ground plant parts, and should be reported in pounds per acre.

Actual N (Column B): Fill in the **Actual N (Column B)** based on actual applied nitrogen amounts. This should be completed after the crop is harvested for each of the nitrogen sources outlined above. Use the Recommended/Planned N schedule to guide nitrogen applications throughout the growing season. Actual application amounts and timing can be adjusted based upon changing conditions (weather, pest damage, expected yield, tissue samples, etc.). The information in this column should reflect the actual application during the Crop Year. Refer to the Nitrogen Source section above for additional instructions and definitions.

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Actual TOTAL NITROGEN: Actual applied Nitrogen Sources. Actual TOTAL NITROGEN: Sum of all values from Column B.

Nitrogen Removed

Harvested Yield. This includes all crop yield harvested for the season in lbs/acre.

Harvest Yield x Crop Removal Coefficient (C_N).** Use this box to multiply the harvested yield by the crop removal coefficient. Nitrogen Removed includes nitrogen removal via harvest and nitrogen sequestered in permanent wood of perennial crops. This is incorporated into the Crop Removal Coefficient which calculates the nitrogen removed in one season per pound per acre of winegrapes harvested. The Regional Board will provide you a C_N.

Nitrogen Applied and Removed Totals

Enter your total Nitrogen Applied (from 6) and Nitrogen Removed (from 7) in lbs./acre.

6. INMP Certification

INMPs must be certified for the following conditions: (1) for parcels in a **High Vulnerability Area** (HVA) to groundwater must be certified. Please contact the Regional Board for more information regarding the vulnerability to groundwater of your parcels, and (2) If the Discharger was identified as a statistical outlier by the Regional Board in the previous year. The person certifying the plan must complete the **INMP Certification** section including signature, date, and method of certification. Any plan certifier should also initial the INMP Worksheet page in the box in the bottom right corner.

Any INMP requiring certification must be certified by an Irrigation and Nitrogen Management Specialist, such as:

Crop Advisers certified by the American Society of Agronomy (CCA). Any Certified Crop Adviser who certifies an INMP must also have completed the nitrogen management training program offered by the University of California Agriculture and Natural Resources (UCANR) and the California Department of Food and Agriculture (CDFA).

Certified Professional Soil Scientists (CPSS)

Certified Professional Agronomists (CPAg)

Technical Service Providers (TSP) certified in nutrient management in California by the Natural Resources Conservation Service (NRCS)

Certified Agricultural Irrigation Management Specialists (CAIS) certified by The Irrigation Association.

Additionally, plans may be self-certified by the Discharger if:

The certifying Discharger has attended the California Department of Food and Agriculture (CDFA) or other approved training program for INMP certification. The Member must retain written documentation of their attendance in the training program.

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The certifying Discharger adheres to a site-specific recommendation from the Natural Resources Conservation Service (NRCS Nutrient Management Plan) or the University of California Cooperative Extension (UCCE). The Member must retain written documentation of the recommendation.

If you do not apply nitrogen fertilizer:

You must state that you do not apply nitrogen fertilizer to the field on your INMP Worksheet.

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Irrigation and Nitrogen Management Plan (INMP) Worksheet

Third-Party ID _____ Field ID: _____ Field Acres: _____

Discharger Name: _____ GeoTracker ID#: _____

Was this field identified as a statistical outlier by the Third Party or Regional Water Board last year?

Yes No

Crop Year (Harvested):

Instructions:

Fill out the INMP Worksheet. The INMP must be certified under the following conditions:
(1) the commercial vineyard is located within a high vulnerability groundwater area, or
(2) the Discharger was notified that they are a statistical outlier. Complete instructions are located at the back of the worksheet.

1. Parcel Management

APN	Field ID	County	Crop Age (Years)	Farm Area (Acres)

Total Acres: _____

Comments:

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2. Irrigation Pre-Season Planning

Crop Evapotranspiration (ET, inches):

Anticipated Crop Irrigation (inches):

Irrigation Water N Concentration (ppm or mg/L, as NO₃ -N):

3. Irrigation Method

(Check one for Primary; if applicable, check one for Secondary)

Primary Secondary¹

- | | | |
|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Drip |
| <input type="checkbox"/> | <input type="checkbox"/> | Micro Sprinkler |
| <input type="checkbox"/> | <input type="checkbox"/> | Furrow |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler |
| <input type="checkbox"/> | <input type="checkbox"/> | Border Strip |
| <input type="checkbox"/> | <input type="checkbox"/> | Flood |

¹ A secondary irrigation system could be used for crop germination, frost protection, crop cooling, etc.

4. Irrigation Efficiency Practices (Check all that apply)

- Laser Leveling
- Use of ET in scheduling irrigations
- Water application schedule to need
- Use of moisture probe (e.g., tensiometer)
- Soil Moisture Neutron Probe
- Pressure Bomb
- Other: _____

5. Harvest/Yield Information

Production Unit (e.g., tons): _____ Converted to lbs.: _____

Harvested Yield (lbs/acre): Expected: _____ Actual: _____

6. Nitrogen Efficiency Practices (Check all that apply):

- Split Fertilizer Applications
- Irrigation Water N Testing

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- Soil Testing
- Tissue/Petiole Testing
- Fertigation
- Foliar N Application
- Cover Crops
- Variable Rate Applications using GPS
- Other:

7. Nitrogen Applied and Nitrogen Sources:

Sources	Recommended/ Planned N (A)	Actual N (B)
Soil – Available N in Root Zone (Annualized, lbs/ac)		
N in Irrigation Water* (Annualized, lbs/ac)		
Organic Amendments* (Manure/Compost/Other, lbs/ac estimate)		
Dry/Liquid Fertilizer N* (lbs/ac)		
Foliar Fertilizer N* (lbs/ac)		
Total Nitrogen Applied (lbs/ac)		

8. Nitrogen Removed*:

Nitrogen Removed	Harvest Yield x Crop Removal Coefficient** (C _N)	Nitrogen Removed (lbs/acre)
Harvest Yield (lbs/acre)		

*Nitrogen Removed includes nitrogen removal via harvest and nitrogen sequestered in permanent wood of perennial crops. This is incorporated into the Crop Removal Coefficient which calculates the nitrogen removed in one season per pound per acre of winegrapes harvested.

**The Regional Board will provide you a C_N

Total Nitrogen Applied (lbs./acre): _____

Total Nitrogen Removed (lbs/acre): _____

Irrigation Nutrient Management Plan Certification

Check a box below:

- This INMP does not need to be certified (skip Certification).
- This INMP does need to be certified.

Certification:

The person signing this Irrigation and Nitrogen Management Plan (INMP) certifies, under penalty of law, that the INMP was prepared under his/her direction and supervision, that the information and data reported is to the best of his/her knowledge and belief, true, accurate, and complete, and that he/she is aware that there are penalties for knowingly submitting false information. Where the person signing the INMP is not the Discharger, he/she may rely on the information and data provided by the Member and is not required to independently verify the information and data.

The person signing the INMP below further certifies that he/she used sound irrigation and nitrogen management planning practices to develop irrigation and nitrogen application recommendations and that the recommendations are informed by applicable training for meeting the crop’s agronomic needs while minimizing nitrogen loss to surface water and groundwater. Where the person signing the INMP is not the Discharger, he/she is not responsible for any damages, loss, or liability arising from subsequent implementation of the INMP by the Member in a manner that is inconsistent with the INMP’s recommendations for nitrogen application. **This certification does not create any liability for claims for environmental violations.**

The person signing this document is:

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- Certified INMP Specialist (e.g., Certified Crop Adviser who has completed CDFA training)
- Self-Certified by Discharger who has completed the CDFA training program
- Self-Certified by the Discharger who follows NRCS or UC site-specific recommendations (documentation required)
- I do not apply nitrogen

I, _____, certify this INMP in accordance with the statement above.

_____ Signature _____ Date

If the certifier is not the Discharger, the Discharger additionally agrees as follows:

I, _____, Discharger, have provided information and data to the certifier above that is, to the best of my knowledge and belief, true, accurate, and complete, that I understand that the certifier may rely on the information and data provided by me and is not required to independently verify the information and data, and that I further understand that the certifier is not responsible for any damages, loss, or liability arising from subsequent implementation of the INMP by me in a manner that is inconsistent with the INMP's recommendations for nitrogen application. I further understand that the certification does not create any liability for claims for environmental violations.

_____ Signature _____ Date